

**FOOD
HANDLERS**



Commonwealth of the Northern Mariana Islands
Department of Public Health
Division of Public Health



Lynn F. Teario
Deputy Secretary of Public Health

MEMORANDUM

To : Mr. Floyd Masga , Supervisor
: Kagman Juvenile Detention Center
Thru: : Deputy Secretary for Public Health *L. Teario* 1/30/06
From : Environmental Health Officer
Copy : Acting DYS Director, PH Medical Director, CHC Lab Director, BEH file
Date : January 30, 2006
Subject : FHC Certification

Your memo dated 25th January 2006, request for Food Handlers Certification (FHC) for KJDC staff is forwarded to Training section for scheduling. Mr. Perry Sablan will be contacting your office to formalize the schedule training and physical examination requirements.

The Bureau of Environmental Health office (BEH) record indicates that food safety trainer conducted seminar for your staff in August of 2004. Followed with an on-site physical examination by Medical Director. Unfortunately, most of your staff didn't submit stool sample to CHC laboratory as directed to complete the requirements for FHC. The stool sample submission is required to verify those applicants are free of ovi parasite. The FHC is required to be renew on annual basis.

Should you have any other questions or concerns, please contact Inspector Perry Sablan (BEH Navy Hill office), at 664-4870/72.

Thank you



Commonwealth of the Northern Mariana Islands
Department of Public Health
Division of Public Health



Lynn F. Teario
Deputy Secretary of Public Health

MEMORANDUM

To : Mr. Floyd Masga , Supervisor
: Kagman Juvenile Detention Center
Thru: : Deputy Secretary for Public Health *L. Teario* 1/30/06
From : Environmental Health Officer
Copy : Acting DYS Director, PH Medical Director, CHC Lab Director, BEH file
Date : January 30, 2006
Subject : FHC Certification

Your memo dated 25th January 2006, request for Food Handlers Certification (FHC) for KJDC staff is forwarded to Training section for scheduling. Mr. Perry Sablan will be contacting your office to formalize the schedule training and physical examination requirements.

The Bureau of Environmental Health office (BEH) record indicates that food safety trainer conducted seminar for your staff in August of 2004. Followed with an on-site physical examination by Medical Director. Unfortunately, most of your staff didn't submit stool sample to CHC laboratory as directed to complete the requirements for FHC. The stool sample submission is required to verify those applicants are free of ovi parasite. The FHC is required to be renew on annual basis.

Should you have any other questions or concerns, please contact Inspector Perry Sablan (BEH Navy Hill office), at 664-4870/72.

Thank you

Commonwealth of the Northern Mariana Islands
Department of Health
Division of Public Health
Bureau of Environmental Health

**CERTIFICATE OF COMPLETION FOR
WORKSHOP PARTICIPANTS**

This is to certify that: Amey, Jack A
Last First Middle Initial

has attended and completed the Food Handler Certification Workshop
on: 7 / 22 / 04 as part of the Food Handler Certification
requirements.

Certified by: Wynne Kaprielian Date: 7 / 22 / 04
This workshop must be taken annually or as otherwise provided by law.
P.O. Box 500409 CM, Saipan, MP 96950
Tel: (1-670) 681-4870/681-4871 Fax: (1-670) 681-4871

Commonwealth of the Northern Mariana Islands
Department of Health
Division of Public Health
Bureau of Environmental Health

**CERTIFICATE OF COMPLETION FOR
WORKSHOP PARTICIPANTS**

This is to certify that: Amey, Jack A
Last First Middle Initial

has attended and completed the Food Handler Certification Workshop
on: 7 / 22 / 04 as part of the Food Handler Certification
requirements.

Certified by: Wynne Kaprielian Date: 7 / 22 / 04
This workshop must be taken annually or as otherwise provided by law.
P.O. Box 500409 CM, Saipan, MP 96950
Tel: (1-670) 681-4870/681-4871 Fax: (1-670) 681-4871

Commonwealth of the Northern Mariana Islands
Department of Health
Division of Public Health
Bureau of Environmental Health

**CERTIFICATE OF COMPLETION FOR
WORKSHOP PARTICIPANTS**

This is to certify that: Amey, Jack A
Last First Middle Initial

has attended and completed the Food Handler Certification Workshop
on: 7 / 22 / 04 as part of the Food Handler Certification
requirements.

Certified by: Wynne Kaprielian Date: 7 / 22 / 04
This workshop must be taken annually or as otherwise provided by law.
P.O. Box 500409 CM, Saipan, MP 96950
Tel: (1-670) 681-4870/681-4871 Fax: (1-670) 681-4871

Commonwealth of the Northern Mariana Islands
Department of Health
Division of Public Health
Bureau of Environmental Health

**CERTIFICATE OF COMPLETION FOR
WORKSHOP PARTICIPANTS**

This is to certify that: Amey, Jack A
Last First Middle Initial

has attended and completed the Food Handler Certification Workshop
on: 7 / 22 / 04 as part of the Food Handler Certification
requirements.

Certified by: Wynne Kaprielian Date: 7 / 22 / 04
This workshop must be taken annually or as otherwise provided by law.
P.O. Box 500409 CM, Saipan, MP 96950
Tel: (1-670) 681-4870/681-4871 Fax: (1-670) 681-4871

Commonwealth of the Northern Mariana Islands
Department of Health
Division of Public Health
Bureau of Environmental Health

**CERTIFICATE OF COMPLETION FOR
WORKSHOP PARTICIPANTS**

This is to certify that: Regina Endia T
Last First Middle Initial

has attended and completed the Food Handler Certification Workshop
on: 11/22/04 as part of the Food Handler Certification
requirements.

Certified by: Wally Kapler - Aguirre Date: 11/22/04

This workshop must be taken annually or as otherwise provided by law.
P.O. Box 500-409 CK, Saipan, MP 96950
Tel: (1-670) 664-4370/2254 • Fax: (1-670) 664-4371

Commonwealth of the Northern Mariana Islands
Department of Health
Division of Public Health
Bureau of Environmental Health

**CERTIFICATE OF COMPLETION FOR
WORKSHOP PARTICIPANTS**

This is to certify that: Wally Kapler Aguirre S.
Last First Middle Initial

has attended and completed the Food Handler Certification Workshop
on: 11/22/04 as part of the Food Handler Certification
requirements.

Certified by: Wally Kapler - Aguirre Date: 11/22/04

This workshop must be taken annually or as otherwise provided by law.
P.O. Box 500-409 CK, Saipan, MP 96950
Tel: (1-670) 664-4370/2254 • Fax: (1-670) 664-4371

Commonwealth of the Northern Mariana Islands
Department of Health
Division of Public Health
Bureau of Environmental Health

**CERTIFICATE OF COMPLETION FOR
WORKSHOP PARTICIPANTS**

This is to certify that: Rose Teroquyt
Last First Middle Initial

has attended and completed the Food Handler Certification Workshop
on: 11/22/04 as part of the Food Handler Certification
requirements.

Certified by: Wally Kapler - Aguirre Date: 11/22/04

This workshop must be taken annually or as otherwise provided by law.
P.O. Box 500-409 CK, Saipan, MP 96950

Commonwealth of the Northern Mariana Islands
Department of Health
Division of Public Health
Bureau of Environmental Health

**CERTIFICATE OF COMPLETION FOR
WORKSHOP PARTICIPANTS**

This is to certify that: Amiriy, Jack A.
Last First Middle Initial

has attended and completed the Food Handler Certification Workshop
on: 7/1/2004 as part of the Food Handler Certification
Day Month Year
requirements.

Certified by: Willy Kapriel Aguilan Date: 7/1/2004
This workshop must be taken annually or as otherwise provided by law.
P.O. Box 500409 CK, Saipan, MP 96950
Tel: (1-670) 664-4870/2334 • Fax: (1-670) 664-4871

Commonwealth of the Northern Mariana Islands
Department of Health
Division of Public Health
Bureau of Environmental Health

**CERTIFICATE OF COMPLETION FOR
WORKSHOP PARTICIPANTS**

This is to certify that: Joseph, Nader
Last First Middle Initial

has attended and completed the Food Handler Certification Workshop
on: 7/1/2004 as part of the Food Handler Certification
Day Month Year
requirements.

Certified by: Willy Kapriel Aguilan Date: 7/1/2004
This workshop must be taken annually or as otherwise provided by law.
P.O. Box 500409 CK, Saipan, MP 96950
Tel: (1-670) 664-4870/2334 • Fax: (1-670) 664-4871

Commonwealth of the Northern Mariana Islands
Department of Health
Division of Public Health
Bureau of Environmental Health

**CERTIFICATE OF COMPLETION FOR
WORKSHOP PARTICIPANTS**

This is to certify that: Paulina, Crisbelly S.A.
Last First Middle Initial

has attended and completed the Food Handler Certification Workshop
on: 7/1/2004 as part of the Food Handler Certification
Day Month Year
requirements.

Certified by: Willy Kapriel Aguilan Date: 7/1/2004
This workshop must be taken annually or as otherwise provided by law.
P.O. Box 500409 CK, Saipan, MP 96950
Tel: (1-670) 664-4870/2334 • Fax: (1-670) 664-4871

Commonwealth of the Northern Mariana Islands
Department of Health
Division of Public Health
Bureau of Environmental Health

**CERTIFICATE OF COMPLETION FOR
WORKSHOP PARTICIPANTS**

This is to certify that: Victor, William A.
Last First Middle Initial

has attended and completed the Food Handler Certification Workshop
on: 7/1/2004 as part of the Food Handler Certification
Day Month Year
requirements.

Certified by: Willy Kapriel Aguilan Date: 7/1/2004
This workshop must be taken annually or as otherwise provided by law.
P.O. Box 500409 CK, Saipan, MP 96950
Tel: (1-670) 664-4870/2334 • Fax: (1-670) 664-4871

Commonwealth of the Northern Mariana Islands
Department of Health
Division of Public Health
Bureau of Environmental Health

**CERTIFICATE OF COMPLETION FOR
WORKSHOP PARTICIPANTS**

This is to certify that: Amacke Ray Anthony Last First Middle Initial
has attended and completed the Food Handler Certification Workshop
on: 7/1/2004 Mo Day Yr as part of the Food Handler Certification
requirements.

Certified by: Willy Kapulu Gynaula Last First Middle Initial Date: 7/1/2004

From birth year 5 This workshop must be taken annually or as otherwise provided by law.
P.O. Box 500409 CK, Saipan, MP 96950
Tel: (1-670) 664-4370/2374 • Fax: (1-670) 664-4371

Commonwealth of the Northern Mariana Islands
Department of Health
Division of Public Health
Bureau of Environmental Health

**CERTIFICATE OF COMPLETION FOR
WORKSHOP PARTICIPANTS**

This is to certify that: Rasa Ricardo Last First Middle Initial
has attended and completed the Food Handler Certification Workshop
on: 7/1/2004 Mo Day Yr as part of the Food Handler Certification
requirements.

Certified by: Willy Kapulu Gynaula Last First Middle Initial Date: 7/1/2004

From birth year 5 This workshop must be taken annually or as otherwise provided by law.
P.O. Box 500409 CK, Saipan, MP 96950
Tel: (1-670) 664-4370/2374 • Fax: (1-670) 664-4371

Commonwealth of the Northern Mariana Islands
Department of Health
Division of Public Health
Bureau of Environmental Health

**CERTIFICATE OF COMPLETION FOR
WORKSHOP PARTICIPANTS**

This is to certify that: Nelana Ulfers Last First Middle Initial
has attended and completed the Food Handler Certification Workshop
on: 7/1/2004 Mo Day Yr as part of the Food Handler Certification
requirements.

Certified by: Willy Kapulu Gynaula Last First Middle Initial Date: 7/1/2004

From birth year 5 This workshop must be taken annually or as otherwise provided by law.
P.O. Box 500409 CK, Saipan, MP 96950
Tel: (1-670) 664-4370/2374 • Fax: (1-670) 664-4371

Commonwealth of the Northern Mariana Islands
Department of Health
Division of Public Health
Bureau of Environmental Health

**CERTIFICATE OF COMPLETION FOR
WORKSHOP PARTICIPANTS**

This is to certify that: Willy Kapulu Gynaula Last First Middle Initial
has attended and completed the Food Handler Certification Workshop
on: 7/1/2004 Mo Day Yr as part of the Food Handler Certification
requirements.

Certified by: Willy Kapulu Gynaula Last First Middle Initial Date: 7/1/2004

From birth year 5 This workshop must be taken annually or as otherwise provided by law.
P.O. Box 500409 CK, Saipan, MP 96950
Tel: (1-670) 664-4370/2374 • Fax: (1-670) 664-4371

Commonwealth of the Northern Mariana Islands
Department of Health
Division of Public Health
Bureau of Environmental Health

**CERTIFICATE OF COMPLETION FOR
WORKSHOP PARTICIPANTS**

This is to certify that: Reggie Bernier First Initial
Middle Initial

has attended and completed the Food Handler Certification Workshop
on: 11/26/04 as part of the Food Handler Certification
requirements.

Certified by: Willy Kaprielian Date: 11/26/04

This workshop must be taken annually or as otherwise provided by law.
P.O. Box 500409 CK, Saipan, MP 96950
Tel: (1-670) 654-4370/2374 • Fax: (1-670) 654-4871

Commonwealth of the Northern Mariana Islands
Department of Health
Division of Public Health
Bureau of Environmental Health

**CERTIFICATE OF COMPLETION FOR
WORKSHOP PARTICIPANTS**

This is to certify that: Angel Benjamin First Initial
Middle Initial

has attended and completed the Food Handler Certification Workshop
on: 11/24/04 as part of the Food Handler Certification
requirements.

Certified by: Willy Kaprielian Date: 11/24/04

This workshop must be taken annually or as otherwise provided by law.
P.O. Box 500409 CK, Saipan, MP 96950
Tel: (1-670) 654-4370/2374 • Fax: (1-670) 654-4871

Commonwealth of the Northern Mariana Islands
Department of Health
Division of Public Health
Bureau of Environmental Health

**CERTIFICATE OF COMPLETION FOR
WORKSHOP PARTICIPANTS**

This is to certify that: Rex Teague Last Initial
Middle Initial

has attended and completed the Food Handler Certification Workshop
on: 11/24/04 as part of the Food Handler Certification
requirements.

Certified by: Willy Kaprielian Date: 11/24/04

This workshop must be taken annually or as otherwise provided by law.
P.O. Box 500409 CK, Saipan, MP 96950
Tel: (1-670) 654-4370/2374 • Fax: (1-670) 654-4871

Commonwealth of the Northern Mariana Islands
Department of Health
Division of Public Health
Bureau of Environmental Health

**CERTIFICATE OF COMPLETION FOR
WORKSHOP PARTICIPANTS**

This is to certify that: Camacho Ray Anthony Last First Middle Initial
has attended and completed the Food Handler Certification Workshop
on: 7/1/2004 Mo Day Yr as part of the Food Handler Certification
requirements.

Certified by: Lily Kapulu Agaña Date: 7/1/2004
This workshop must be taken annually or as otherwise provided by law.
P.O. Box 500409 CK, Saipan, MP 96950
Tel: (1-670) 664-4870/2334 - Fax: (1-670) 664-4871

Commonwealth of the Northern Mariana Islands
Department of Health
Division of Public Health
Bureau of Environmental Health

**CERTIFICATE OF COMPLETION FOR
WORKSHOP PARTICIPANTS**

This is to certify that: Kala Rickie Last First Middle Initial
has attended and completed the Food Handler Certification Workshop
on: 7/1/2004 Mo Day Yr as part of the Food Handler Certification
requirements.

Certified by: Lily Kapulu Agaña Date: 7/1/2004
This workshop must be taken annually or as otherwise provided by law.
P.O. Box 500409 CK, Saipan, MP 96950
Tel: (1-670) 664-4870/2334 - Fax: (1-670) 664-4871

Commonwealth of the Northern Mariana Islands
Department of Health
Division of Public Health
Bureau of Environmental Health

**CERTIFICATE OF COMPLETION FOR
WORKSHOP PARTICIPANTS**

This is to certify that: Nelson Clifford Last First Middle Initial
has attended and completed the Food Handler Certification Workshop
on: 7/1/2004 Mo Day Yr as part of the Food Handler Certification
requirements.

Certified by: Lily Kapulu Agaña Date: 7/1/2004
This workshop must be taken annually or as otherwise provided by law.
P.O. Box 500409 CK, Saipan, MP 96950
Tel: (1-670) 664-4870/2334 - Fax: (1-670) 664-4871

Commonwealth of the Northern Mariana Islands
Department of Health
Division of Public Health
Bureau of Environmental Health

**CERTIFICATE OF COMPLETION FOR
WORKSHOP PARTICIPANTS**

This is to certify that: Juanita Elizabeth Last First Middle Initial
has attended and completed the Food Handler Certification Workshop
on: 7/1/2004 Mo Day Yr as part of the Food Handler Certification
requirements.

Certified by: Lily Kapulu Agaña Date: 7/1/2004
This workshop must be taken annually or as otherwise provided by law.
P.O. Box 500409 CK, Saipan, MP 96950
Tel: (1-670) 664-4870/2334 - Fax: (1-670) 664-4871